STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee LOUISIANA ASSESSORS ASSOCIATION POLITICAL ACTION COMMITTEE P.O. BOX 14699 BATON ROUGE LA 70898-4699	2. Date of this Statement 1-27-2015 3. Estimated Membership 70	
Check If: New Committee Monthly Filer	4. Amended Statement? YesNo	
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) a. Name b. Position c. Address Baby W Edmistan Chairperson P.o. 1301 325 BENTON LA 71006		
Treasurer		
6. Affiliated Organizations (Any organization, other than a political committee, which directly or ind a. Name b. Address LOUISIANA P.O. BOX 14699 ASSESSORS ASSAL. BATON ROUGE,	1	financially supports this committee.) c. Relationship to Committee INDIRECTLY ESTABLISHED
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) a. Name b. Address CITIZENS P. O BOY 6266 NATIONAL BANK ROSSIER CITY, LA 71171		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Che Committee	eck one: Principal Campa	aign Committee Subsidiary
b. Name of Candidate		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report MICHELLE X b. Daytime Telephone (318) 965 - 22		55 55 57 58 58 58 58 58 58 58 58 58 58 58 58 58
10. WE HEREBY CERTIFY that the information contained in this STATEM and belief. This An Late Signature of Committee Chairperson Signature of Committee Treasurer, if any	ENT OF ORGANIZATION is true an (3) C3)	3) 965-2213- time Telephone Number